

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/516543

APPLICANT(S)

FILING DATE

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CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
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TOTAL IND.	/	↓	/	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	5	←	5	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	10		6				TOTAL CLAIMS						